

SCHWEGMAN ■ LUNDBERG ■ WOESSNER ■ KLUTH

PATENT, TRADEMARK & COPYRIGHT ATTORNEYS

P.O. Box 2938

Minneapolis, MN 55402

Telephone (612) 373-6900

Facsimile (612) 339-3061

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Fax Transmission

To: Sherry Brinkley

Company: USPTO

Fax #: 703-308-6916

From: Gina Uphus

Date: May 8, 2003

Re: SLWK # 303.085US4

You should receive 2 page(s) including this one.

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Micron Technology, Inc.: 92-0175.03

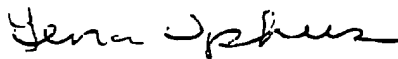
Matter: METHOD FOR FORMING A METALLIZATION LAYER

Dear Ms. Brinkley:

Attached is the Issue Fee Transmittal including the Certificate of Mailing for Serial No. 09/652,619 which includes March 3, 2003 as the date the issue fee was paid.

Please contact Marv Beekman at 612-373-6960, if you have any questions.

Thank You,



Gina Uphus

Paralegal

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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Box ISSUE FEE
Commissioner for Patents
Washington, D.C. 20231
Fax (703)746-4000

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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21186 7590 12/03/2002

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Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmittal

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Andrew J. Kaul (Depositor's name)
 [Signature] (Signature)
 April 3, 2003 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/652,619	02/11/2000	Gurtej Singh Sandhu	303.085US4	4342

TITLE OF INVENTION: METHOD FOR FORMING A METALLIZATION LAYER

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1280	\$0	\$1280	03/03/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
DERRY, RENEER	2818	257-382000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Schwegman, Lundberg,

2 Woessner & Kluth, P.A.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Micron Technology, Inc.

Boise, Idaho

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 3

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 17-0743 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Mr. L. B. [Signature] REG NO 38,377 3-3-03

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